

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III)*.

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*
Human Resource Business Center
AMEDD STUDENT DETACHMENT
1706 Stanley Rd, STE 117
Ft Sam Houston, TX 78234-5018

2. TO *(Include ZIP Code)*
Human Resource Business Center
ATTN: MCCS-BHR-HT
2406 N. New Braunsfels Ave Bldg 2267
Ft Sam Houston TX 78234

3. FROM *(Include ZIP Code)*

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

<input type="checkbox"/> Service School <i>(Enl only)</i>	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training <i>(Enl only)</i>	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input checked="" type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other <i>(Specify)</i>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER *(When required)*

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**REQUEST APPROVAL FOR OVERSEAS LEAVE:**

Date of Birth: _____ Place of Birth: _____

Country to be visited: _____

Purpose of Visit: _____

Length of Stay: _____

Address/Phone number in country to be visited: _____

Date of Departure: _____ Date of Return: _____

Travel Agency Information: _____

Security Clearance: _____

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)